

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space is not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

(b) (6)

4a. Article Number

P 055 800 914

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

6-29-96

5. Signature (Addressee)

(b) (6)

8. Addressee's Address (Only if requested and fee is paid)

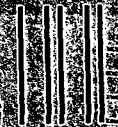
6. Signature (Agent)

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-086

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE \$300

Print your name, address and ZIP Code here

DON WAREHAM (6SF-RA)
EPA REGION VI
1445 ROSS AVE, SUITE 1200
DALLAS, TX 75202-2733



P 055 800



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	(b) (6)
Street and No.	(b) (6)
P.O., State and ZIP Code	(b) (6)
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	